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### Couples Information Form

Today's Date \_\_\_\_\_

#### Information on Partner 1:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employment/School: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to client \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Your children and ages: \_\_\_\_\_

\_\_\_\_\_

Present Health Concerns: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Previous Counseling: \_\_\_\_\_

\_\_\_\_\_

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**Information on Partner 2:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employment/School: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to client \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Your children and ages: \_\_\_\_\_

\_\_\_\_\_

Present Health Concerns: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Previous Counseling: \_\_\_\_\_

\_\_\_\_\_